

1.) CORPORATION NAME:

Thrivent Financial for Lutherans

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F0030926**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: OPERATIONS CENTER
4321 N BALLARD ROAD

CITY/ST/ZIP: APPLETON, WI 54919-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: BRADFORD L HEWITT
TITLE: PRES/CEO
ADDRESS: 110 PENINSULA RD
CITY/ST/ZIP/CO: MEDICINE LAKE, MN 55441-

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OFFICER

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DIRECTOR

NAME: TERESA RASMUSSEN
TITLE: SVP/GC/SEC
ADDRESS: 2850 SOMERSET LN
CITY/ST/ZIP/CO: ORONO, MN 55356-

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OFFICER

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DIRECTOR

NAME: RANDALL BOUSHEK
TITLE: SVP/CFO
ADDRESS: 10325 175TH CT, NW
CITY/ST/ZIP/CO: ELK RIVER, MN 55330-

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OFFICER

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DIRECTOR

NAME: FREDERICK MARK KUHLMANN
TITLE: DIRECTOR
ADDRESS: 1711 STONE RIDGE TRAILS DRIVE
CITY/ST/ZIP/CO: KIRKWOOD, MO 63122-

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OFFICER

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DIRECTOR

NAME: RUSSELL W SWANSEN
TITLE: SVP/C INV OFF
ADDRESS: 5188 RIDGE CIRCLE
CITY/ST/ZIP/CO: EDINA, MN 55436-

NAME:	HOLLY J MORRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/C INFO OFF		
ADDRESS:	1315 KESTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55108-		
NAME:	PAMELA J MORET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/STRAT DEV		
ADDRESS:	1484 LAMETTI LANE		
CITY/ST/ZIP/CO:	ARDEN HILLS, MN 55112-		
NAME:	JAMES A THOMSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/MEMBER SVC		
ADDRESS:	18704 MELROSE CHASE		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55347-		
NAME:	MARIE A UHRICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/COMMUNICATI		
ADDRESS:	8944 VANDEGRIFF WAY NORTH		
CITY/ST/ZIP/CO:	MAPLE GROVE, MN 55331-		
NAME:	ANNE DEBRUIN SAMPLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/HR		
ADDRESS:	1449 BAY RIDGE ROAD		
CITY/ST/ZIP/CO:	WAYZATA, MN 55391-		
NAME:	ADDIE J BUTLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5417 LAURENS STREET		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19144-		
NAME:	FREDERICK G KRAEGEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1225 HYDE LANE		
CITY/ST/ZIP/CO:	HENRICO, VA 23229-		
NAME:	RICHARD C LUNDELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9993 EAST PURDUE		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85258-		
NAME:	FRANK H MOELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8543 BIG VIEW DRIVE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78730-		
NAME:	PAUL W MIDDEKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	55 FOREST VALLEY COURT		
CITY/ST/ZIP/CO:	ST. CHARLES, MO 63301-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BONNIE E RAQUET DIRECTOR 2954 PELICAN POINT CIRCLE MOUND, MN 55365-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALICE M RICHTER DIRECTOR 14810 BLAKENEY ROAD EDEN PRAIRIE, MN 55347-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KURT M SENSKE DIRECTOR 8916 CHALK KNOLL DRIVE AUSTIN, TX 78735-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLAN R SPIES DIRECTOR 9305 E HARVARD AVENUE DENVER, CO 80231-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES H SCOTT DIRECTOR 2853 TANSEY LANE CHESTER SPRINGS, PA 19425-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALBERT SIU DIRECTOR 102 HIGHWOODS LANE CARLISLE, MA 01741-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A JESKE DIRECTOR 1681 NORTH ASTOR STREET MILWAUKEE, WI 53202-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADRIAN M TOCKLIN DIRECTOR 4961 BACOPA LANE, SUITE 801 ST. PETERSBURG, FL 33715-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TERESA RASMUSSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERESA RASMUSSEN, SVP/GC/SEC PRINTED NAME AND CORPORATE TITLE	9/15/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		